

Burnt Hills Nursery School
116 Kingsley Rd
Burnt Hills, NY 12027
www.bhns.org

FAMILY INFORMATION

Child's Full Name _____ Birth Date _____

Nickname, if any _____ Home Phone Number _____

Home Address _____

Mailing Address _____

Father's Name _____ Occupation _____

Business Number _____ Cell Phone _____ E-mail _____

Mother's Name _____ Occupation _____

Business Number _____ Cell Phone _____ E-mail _____

Names and ages of other children _____

Doctor's Name _____ Phone Number _____

If parent cannot be reached in case of sudden illness of child, notify

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Allergies, Nervous Habits, Physical Challenges _____

Disturbing experiences of which teacher should be aware _____

Are child's toilet habits well fixed? _____

Do you have any talents that you would be willing to share with the children? Art, Music Nature Storytelling...

What experience would you like your child to gain from this program?